Sc	Schedule E) FOR SE OF FORM 24/48				
NΑ	NAME OF COMMITTEE (In Full)				
IN	National Nurses United for Patient Protection C C00490375				
Ch	eck if 24-hour report 48-hour report New I	report Amends repo	ort filed on		
١	Full Name of Payee Javier Moreno Polllaroio		Date of Public Distribution/Dissemination		
١			03 28 2016		
	Mailing Address 1521 3rd Ave		Amount		
	City State	Zip Code	20.00		
١	Oakland CA	94606	Transaction ID: D711406 Date of Disbursement or Obligation		
	Purpose of Expenditure Translation Services	Category/ Type	03 14 2016		
	Name of Federal Candidate	X Support	Office Sought: House District: 00		
١	Bernie Sanders	Oppose	President Senate State: DC		
	Calendar Year-To-Date Per Election for Office Sought	22768.03	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶		
	Full Name of Payee		Date of Public Distribution/Dissemination		
١	Javier Moreno Polllaroio		03 28 7 2016		
	Mailing Address 1521 3rd Ave		Amount		
١	City State	Zip Code	20.00		
١	Oakland CA	94606	Transaction ID : D711407 Date of Disbursement or Obligation		
	Purpose of Expenditure Translation Services	Category/ Type	03 14 2016		
١	Name of Federal Candidate	X Support	Office Sought: House District: 00		
١	Bernie Sanders	Oppose	President Senate State: DC		
	Calendar Year-To-Date Per Election for Office Sought	22768.03	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶		
	(a) SUBTOTAL of Itemized Independent Expenditures		40.00		
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures				
	(c) TOTAL Independent Expenditures		•		
١	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
	Martha Kuhl [Electr	tronically Filed] Date	9 04 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Signature				

PAGE	2	OF	15	
FOR SE	OF	FORM:	24/48	

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER ▼				
C C00490375				
Check if 24-hour report 48-hour re	port New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee California Nurses Association	2		D	ate of Public Distribution/Dissemination
	ı			03 / 17 / 2016
Mailing Address 155 Grand Avenue			A	mount
City	State	Zip Code		50.00
Oakland	CA	94612		ransaction ID : D711257 ate of Disbursement or Obligation
Purpose of Expenditure Online Ad		Category/ Type		03 / 17 / 2016
Name of Federal Candidate		X Support	Office So	ought: House District: 00
Bernie Sanders		Oppose	X Pre	esident Senate State: CA
Calendar Year-To-Date		F0.00	Disburse	ment For: Primary General
Per Election for Office Sought	<u></u>	50.00	2010	Other (specify) ▶
Full Name of Payee California Nurses Association			D	ate of Public Distribution/Dissemination
California Nurses Association				03 17 2016
Mailing Address 155 Grand Avenue			A	mount
City	State	Zip Code	— г	50.00
Oakland	CA	94612	Tra	ansaction ID : D711384
Purpose of Expenditure			D	ate of Disbursement or Obligation
Online Ad		Category/ Type		03 / 18 / 2016
Name of Federal Candidate		X Support	Office So	ought: House District: 00
Bernie Sanders		Oppose	X Pr	esident Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		22768.03	Disburse 2016	ment For:
To License Caught				Other (specify) ►
(a) SUBTOTAL of Itemized Independent Ex	xpenditures		•	100.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		. •	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Martha Kuhl	[Electron	ically Filed] Date	M M M 04	05 2016
Signature		_ · · Date	, 34	

	medule Ly	FOR SE OF FORM 24/48		
	IAME OF COMMITTEE (In Full) Next in real Neurons I Institute of four Postions Direct estimates			
IN	ational Nurses United for Patient Protection	C C00490375		
Che	eck if 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y Y		
Т	Full Name of Payee	Date of Public Distribution/Dissemination		
	California Nurses Association	03 18 2016		
	Mailing Address 155 Grand Avenue	Amount		
ı	City State Zip Code	50.00		
	Oakland CA 94612	Transaction ID : D711385 Date of Disbursement or Obligation		
	Purpose of Expenditure Online Ad Category/ Type	03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
ı	Name of Federal Candidate Support Office	e Sought: House District: 00		
	Damie Conders	President Senate State: DC		
	Caloridar Toda To Bato	ursement For: X Primary General		
	Per Election for Office Sought 22768.03	Other (specify) ▶		
	Full Name of Payee California Nurses Association	Date of Public Distribution/Dissemination		
	Mailing Address 155 Grand Avenue	03 18 2016		
		Amount		
ı	City State Zip Code	150.00		
	Oakland CA 94612	Transaction ID : D711386 Date of Disbursement or Obligation		
	Purpose of Expenditure Online Ad Category/ Type	03 18 2016		
	Name of Federal Candidate Support Office	ee Sought: House District: 00		
		President Senate State: DC		
	Calendar Year-To-Date Per Election for Office Sought Dist 22768.03	oursement For: Primary General Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	[F1] 4 11 F2] 11	04 05 2016		
	Signature Date	2010		

PAGE 3

OF

chedule E)				
FOR SE OF FORM 24/48 AME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
National Nurses United for Patient Protection	National Nurses United for Patient Protection			
		C	C00490375	
Check if X 24-hour report 48-hour report New re	port Amends repor	t filed on	D D / Y Y Y Y Y	
Full Name of Payee		Date of Public	Distribution/Dissemination	
California Nurses Association		03	18 2016	
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code		200.00	
Oakland CA	94612	Transaction I	D: D711387 Irsement or Obligation	
Purpose of Expenditure Online Ad	Category/ Type	Date of Disbo	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	Support	Office Sought:	House District: 00	
Bernie Sanders	Oppose	> President	Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought	22768.03	Disbursement For: 2016	Primary General	
E II Name of Broom		Other (sp		
Full Name of Payee Javier Moreno Polllaroio		Date of Publi	c Distribution/Dissemination	
Mailing Address		03	17 2016	
Mailing Address 1521 3rd Ave		Amount		
City State	Zip Code		200.00	
Oakland CA	94606	Transaction II Date of Disbu	D: D711405 ursement or Obligation	
Purpose of Expenditure Translation Services	Category/ Type	03 N	18 2016	
Name of Federal Candidate	X Support	Office Sought:	House District: 00	
Bernie Sanders	Oppose	President	Senate State: DC	
Calendar Year-To-Date	00700 00	Disbursement For: 2016	Primary General	
Per Election for Office Sought	22768.03	Other (sp	pecify)	
(a) SUBTOTAL of Itemized Independent Expenditures			400.00	
		7	4 4	
(b) SUBTOTAL of Unitemized Independent Expenditures		>		
(c) TOTAL Independent Expenditures		•	7	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
Martha Kuhl [Electro	nically Filed] Date	04 05	2016	
Signature				

	neddic L)			FOR SE O	F FORM 24/48	
	NAME OF COMMITTEE (In Full) Notional Nurses United for Potiont Protection				,	
IN	National Nurses United for Patient Protection C C00490375					
Che	eck if X 24-hour report 48-hour report New report Amends report file		= M	/ D = D /	Y = Y = Y = Y]
Т	Full Name of Payee	Date of	of Publ	ic Distribution	n/Dissemination	
	Erin L FitzĞerald	M	03	/ D D /	2016	
	Mailing Address 1028 Florida Street	Amou	nt			
-	City State Zip Code	1 [410.00	1
	Vallejo CA 94590			ID: D711408 oursement or		-1
	Purpose of Expenditure Video Production Category/ Type		03	18	2016	
ľ	Name of Federal Candidate Support Office	ce Sough	t:	House	District:00	
	Powerie Condess	Preside	ent_	Senate	State: DC	_
Ī	Calendar Year-To-Date Per Election for Office Sought 22768.03 Disk 2016			Primary	y General	I
	Tel Election for Since Sought	0		specify)		_
	Full Name of Payee California Nurses Association	_	и – м	/ D D /	n/Dissemination	7
	Mailing Address 155 Grand Avenue	Amou	03 int	20	2016	
-	City State Zip Code	-			943.43	
	Oakland CA 94612			ID: D711388 oursement or	Obligation	
	Purpose of Expenditure Payroll Expense Category/ Type		03 ^M	22	2016	
ŀ	Name of Federal Candidate Support Office	ce Sough	ıt:	House	District: 00	
		Preside	L	Senate	State: DC	_
	Calendar Year-To-Date Per Election for Office Sought Dist 201			X Primar	y General	
((a) SUBTOTAL of Itemized Independent Expenditures			7	1353.43]
(b) SUBTOTAL of Unitemized Independent Expenditures						
((c) TOTAL Independent Expenditures					
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not no with, or at the request or suggestion of, any candidate or authorized committee or agent of either carty committee) any political party committee or its agent.					
	Martha Kuhl [Electronically Filed] Date	04	05	20	16	
_	Signature					
					X	

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

PAGE 6 OF 15 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full) Notice of Number ■ FEC IDENTIFICATION NUMBER ■					
National Nuises Office for Fatient	National Nurses United for Patient Protection C c00490375				
Check if 24-hour report 48-hour report	New rep	port Amends repo		M = M / D = D / Y = Y = Y = Y	
Full Name of Payee California Nurses Association				of Public Distribution/Dissemination	
Mailing Address 155 Grand Avenue			Amor	03 18 2016 unt	
City	State	Zip Code		100.00	
Oakland	CA	94612		saction ID : D711389 of Disbursement or Obligation	
Purpose of Expenditure Online Ad		Category/ Type		03 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Soug	ht: House District:00	
Bernie Sanders		Oppose	X Presid		
Calendar Year-To-Date Per Election for Office Sought		22768.03	Disburseme 2016	nt For:	
Full Name of Payee California Nurses Association			Date	of Public Distribution/Dissemination	
Mailing Address 155 Grand Avenue			I	03 19 2016	
			Amo	unt	
City	State	Zip Code		175.00	
Oakland	CA	94612		action ID : D711390 of Disbursement or Obligation	
Purpose of Expenditure Online Ad		Category/ Type] [03 / 22 / 2016	
Name of Federal Candidate		Support	Office Soug	ht: House District: 00	
Bernie Sanders		Oppose	X Presid	dent Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought	, , , ,	22768.03	Disburseme 2016	nt For:	
(a) SUBTOTAL of Itemized Independent Expending	tures			275.00	
(a) COBTOTAL OF REINIZED INDEPENDENT EXPEND				275.00	
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Martha Kuhl	[Electron	nically Filed] Date	e 04	05 / 2016	
Signature					

FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) National Number ▼			
National Nurses United for Patient Protection C C00490375			
Check if 24-hour report 48-hour report	New report Amends report filed	on M M / D D / Y Y Y Y Y	
Full Name of Payee		Date of Public Distribution/Dissemination	
California Nurses Association		03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 155 Grand Avenue		Amount	
City State	Zip Code	200.00	
Oakland CA	94612	Transaction ID : D711391 Date of Disbursement or Obligation	
Purpose of Expenditure Online Ad	Category/ Type	03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	X Support Office	Sought: House District: 00	
Bernie Sanders		President Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought	Disbu 22768.03 2016	rsement For: Primary General	
	22.0000	Other (specify)	
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination	
Mailing Address 155 Grand Avenue		03 22 2016 Amount	
City State	Zip Code	100.00	
Oakland CA	94612	Transaction ID : D711392 Date of Disbursement or Obligation	
Purpose of Expenditure Online Ad	Category/ Type	03 / 23 / 2016	
Name of Federal Candidate	Support Office	e Sought: House District: 00	
Bernie Sanders		President Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought	22768.03 Disbu 2016	orsement For:	
(a) SUBTOTAL of Itemized Independent Expenditures		300.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	······	1 7 1 7 1 7	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or an party committee) any political party committee or its agent.			
Martha Kuhl	[Electronically Filed] Date 0	4 05 2016	
Signature			

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	IAME OF COMMITTEE (In Full) Next and Next and for Post and Protection				
IN	ational Nurses United for Patient Protection	C C00490375			
Che	eck if 24-hour report 48-hour report New report Amends report file	ed on Man / Dad / Yayayay			
	Full Name of Payee	Date of Public Distribution/Dissemination			
	Alliance Graphics	03 25 2016			
	Mailing Address 1101 8th Street	Amount			
1	City State Zip Code	1314.00			
	Berkeley CA 94710	Transaction ID : D711410 Date of Disbursement or Obligation			
	Purpose of Expenditure Printing Category/ Type	03 / 23 / Y 2016			
ľ	Name of Federal Candidate Support Of	ice Sought: House District: 00			
	Downia Condon	President Senate State: DC			
	Calendar Year-To-Date Per Election for Office Sought Diagram 22768.03				
	Tot Elocation for Gillion Sought	Other (specify) ▶			
	Full Name of Payee California Nurses Association	Date of Public Distribution/Dissemination			
	Mailing Address 155 Grand Avenue	03 24 2016 Amount			
	City State Zip Code Oakland CA 94612	100.00 Transaction ID : D711393			
		Date of Disbursement or Obligation			
	Purpose of Expenditure Online Ad Category/ Type	03 / 24 / 2016			
ľ	Name of Federal Candidate Support Of	fice Sought: House District: 00			
		X President Senate State: DC			
		sbursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
((c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	Martha Kuhl [Electronically Filed] Date	04 05 2016			
	Signature				
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	medule L)	FOR SE OF FORM 24/48		
	IAME OF COMMITTEE (In Full) Next in real Next and for Deticat Drate et in re			
IN	ational Nurses United for Patient Protection	C C00490375		
Che	eck if 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y Y		
Т	Full Name of Payee	Date of Public Distribution/Dissemination		
	California Nurses Association	03 / 24 / 2016		
	Mailing Address 155 Grand Avenue	Amount		
ł	City State Zip Code	100.00		
	Oakland CA 94612	Transaction ID : D711394 Date of Disbursement or Obligation		
	Purpose of Expenditure Online Ad Category/ Type	03		
ı	Name of Federal Candidate Support Offic	e Sought: House District: 00		
	Domin Condon	President Senate State: DC		
	2040	ursement For: Primary General		
	Per Election for Office Sought 22768.03	U Other (specify) ▶		
	Full Name of Payee California Nurses Association	Date of Public Distribution/Dissemination		
	Mailing Address 155 Grand Avenue	03 24 2016		
١		Amount		
	City State Zip Code	100.00		
	Oakland CA 94612	Transaction ID : D711395 Date of Disbursement or Obligation		
	Purpose of Expenditure Online Ad Category/ Type	03 / 24 / 2016		
١	Name of Federal Candidate Support Office	e Sought: House District: 00		
		President Senate State: DC		
	Calendar Year-To-Date Per Election for Office Sought Disb 22768.03	ursement For: Primary General Other (specify) Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
		04 05 2016		
	Signature			

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		FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER ▼				
National Nuises Officed for Fatient Protection		C C00490375		
Check if 24-hour report 48-hour report New repo	rt Amends report filed on	M = M / D = D / Y = Y = Y		
Full Name of Payee	D	ate of Public Distribution/Dissemination		
Erin L FitzGerald		03 21 2016		
Mailing Address 1028 Florida Street	A	mount		
City State 2	Zip Code	840.00		
	94590 T	ransaction ID : D711409 ate of Disbursement or Obligation		
Purpose of Expenditure Video Production	Category/ Type	03 / 28 / 2016		
Name of Federal Candidate	Support Office So	ought: House District: 00		
Bernie Sanders		esident Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought	22768.03 Disburse 2016	ment For:		
Full Name of Payee	D	Pate of Public Distribution/Dissemination		
California Nurses Association		03 30 2016		
Mailing Address 155 Grand Avenue	A	mount		
City State	Zip Code	50.00		
Oakland CA		ansaction ID: D711396 late of Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	03 / 30 / 2016		
Name of Federal Candidate	Support Office S	ought: House District: 00		
Bernie Sanders	Oppose Pr	esident Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought	22768.03 Disburse 2016	ement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		890.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	······	7 7		
(c) TOTAL Independent Expenditures	······			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Martha Kuhl [Electronic	cally Filed] Date 04	05 2016		
Signature	- Date 34			

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FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ National Nurses United for Patient Protection C00490375 Check if | 24-hour report 48-hour report X New report Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination California Nurses Association 2016 03 26 Mailing Address 155 Grand Avenue Amount State Zip Code City 40.00 CA 94612 Transaction ID: D711397 Oakland Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Ad 04 01 2016 Type Name of Federal Candidate 00 X Support Office Sought: House District: Bernie Sanders DC Oppose President Senate State: Primary Disbursement For: General Calendar Year-To-Date 2016 22768.03 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination California Nurses Association 25 2016 Mailing Address 155 Grand Avenue Amount City State Zip Code 100.00 CA Transaction ID: D711398 Oakland 94612 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Ad 2016 04 01 Type Name of Federal Candidate X Support Office Sought: 00 House District: Bernie Sanders DC Oppose President Senate State: | Yrimary Disbursement For: General Calendar Year-To-Date 2016 22768.03 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 140.00 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Martha Kuhl [Electronically Filed] 04 05 2016 Date Signature

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FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ National Nurses United for Patient Protection C00490375 Check if | 24-hour report 48-hour report X New report Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination California Nurses Association 2016 03 25 Mailing Address 155 Grand Avenue Amount State Zip Code City 50.00 CA 94612 Transaction ID: D711399 Oakland Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Ad 04 01 2016 Type Name of Federal Candidate 00 X Support Office Sought: House District: Bernie Sanders DC Oppose President Senate State: Primary Disbursement For: General Calendar Year-To-Date 2016 22768.03 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination California Nurses Association 25 2016 Mailing Address 155 Grand Avenue Amount City State Zip Code 50.00 CA Transaction ID: D711400 Oakland 94612 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Ad 2016 04 01 Type Name of Federal Candidate X Support 00 Office Sought: House District: Bernie Sanders DC Oppose President Senate State: | Yrimary Disbursement For: General Calendar Year-To-Date 2016 22768.03 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 100.00 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Martha Kuhl [Electronically Filed] 04 05 2016 Date Signature

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	FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER				
National Nuises Office for Fatient Frotection	C C00490375			
Check if 24-hour report 48-hour report New report Amend	s report filed on			
Full Name of Payee California Nurses Association	Date of Public Distribution/Dissemination			
	03 25 / 2016			
Mailing Address 155 Grand Avenue	Amount			
City State Zip Code	50.00			
Oakland CA 94612	Transaction ID : D711401 Date of Disbursement or Obligation			
Purpose of Expenditure Online Ad Category/ Type	04 / 01 / 2016			
Name of Federal Candidate Supp	port Office Sought: House District: 00			
Bernie Sanders Oppo	ose			
Calendar Year-To-Date Per Election for Office Sought 22768.03	Disbursement For:			
Full Name of Payee	Date of Public Distribution/Dissemination			
California Nurses Association	03 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 155 Grand Avenue	Amount			
City State Zip Code	250.00			
Oakland CA 94612	Transaction ID : D711411 Date of Disbursement or Obligation			
Purpose of Expenditure Online Ad Category/ Type	M 04 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Supp	port Office Sought: House District: 00			
Bernie Sanders Opp	ose President Senate State: DC			
Calendar Year-To-Date Per Election for Office Sought 22768.03	Disbursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	300.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	······································			
(c) TOTAL Independent Expenditures	······································			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Martha Kuhl [Electronically Filed]	Date 04 05 2016			
Signature				

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FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ National Nurses United for Patient Protection C00490375 Check if | 24-hour report 48-hour report X New report Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination California Nurses Association 2016 03 31 Mailing Address 155 Grand Avenue Amount State Zip Code City 1150.00 CA 94612 Transaction ID: D711402 Oakland Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Ad 04 04 2016 Type Name of Federal Candidate 00 X Support Office Sought: House District: Bernie Sanders DC Oppose President Senate State: Primary Disbursement For: General Calendar Year-To-Date 2016 22768.03 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination North Wood Advertising 2016 Mailing Address 1201 Fifteen Building Amount 15 South Fifth City State Zip Code 1265.18 MN Transaction ID: D711403 Minneapolis 55402 Date of Disbursement or Obligation Purpose of Expenditure Category/ Video Production 2016 04 05 Type Name of Federal Candidate X Support 00 Office Sought: House District: Bernie Sanders DC Oppose President Senate State: | Yrimary Disbursement For: General Calendar Year-To-Date 2016 22768.03 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 2415.18 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Martha Kuhl [Electronically Filed] 04 05 2016 Date Signature

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FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ National Nurses United for Patient Protection C00490375 Check if | 24-hour report 48-hour report X New report Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination North Wood Advertising 2016 03 22 Mailing Address 1201 Fifteen Building Amount 15 South Fifth State Zip Code City 14690.42 MN 55402 Transaction ID: D711404 Minneapolis Date of Disbursement or Obligation Purpose of Expenditure Category/ Video Production 04 05 2016 Type Name of Federal Candidate 00 Office Sought: X Support House District: Bernie Sanders DC Oppose President Senate State: Primary Disbursement For: General Calendar Year-To-Date 2016 22768.03 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Sought: House District: Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures..... 14690.42 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... 22818.03 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Martha Kuhl [Electronically Filed] 04 05 2016 Date Signature

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